

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>90/011,847</td> </tr> <tr> <td>Filing Date</td> <td>August 4, 2011</td> </tr> <tr> <td>First Named Inventor</td> <td>Alan Drizin</td> </tr> <tr> <td>Title</td> <td>Topical Drug Preparations</td> </tr> <tr> <td>Art Unit</td> <td>3961</td> </tr> <tr> <td>Examiner Name</td> <td>Sharon L. Turner</td> </tr> <tr> <td>Attorney Docket Number</td> <td>279783.2</td> </tr> </table>	Application Number	90/011,847	Filing Date	August 4, 2011	First Named Inventor	Alan Drizin	Title	Topical Drug Preparations	Art Unit	3961	Examiner Name	Sharon L. Turner	Attorney Docket Number	279783.2
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Examiner Name	Sharon L. Turner														
Attorney Docket Number	279783.2														

I hereby revoke all previous powers of attorney given in the above-identified application.

<input type="checkbox"/> A Power of Attorney is submitted herewith. <b>OR</b> <input checked="" type="checkbox"/> I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: <b>OR</b> <input type="checkbox"/> I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:	<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto; text-align: center; line-height: 30px;">27162</div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 50%;">Practitioner(s) Name</th> <th style="width: 50%;">Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Practitioner(s) Name	Registration Number								
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<input checked="" type="checkbox"/> The address associated with the above-mentioned Customer Number. <b>OR</b> <input type="checkbox"/> The address associated with Customer Number:	<div style="border: 1px solid black; width: 200px; height: 30px; margin: 0 auto;"></div>
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<input type="checkbox"/> Firm or Individual Name Address	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>				
City		State		Zip	
Country					
Telephone					

I am the:

<input type="checkbox"/> Applicant/Inventor <b>OR</b> <input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) (Form PTO/SB/66) submitted herewith or filed on _____	<div style="text-align: center; margin-bottom: 5px;">SIGNATURE of Applicant or Assignee of Record</div> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature</td> <td style="width: 50%;">Date</td> </tr> <tr> <td>Name <i>Kevin Drizin</i></td> <td><i>April 29 2012</i></td> </tr> <tr> <td>Title and Company</td> <td>Telephone</td> </tr> <tr> <td>President, GlycoBioSciences Inc.</td> <td>(805) 854-0637</td> </tr> </table>	Signature	Date	Name <i>Kevin Drizin</i>	<i>April 29 2012</i>	Title and Company	Telephone	President, GlycoBioSciences Inc.	(805) 854-0637
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Name <i>Kevin Drizin</i>	<i>April 29 2012</i>								
Title and Company	Telephone								
President, GlycoBioSciences Inc.	(805) 854-0637								

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

<input checked="" type="checkbox"/> *Total of <u>1</u> forms are submitted.	
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